

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12630"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="Michael"/> <input type="text" value="J"/> <input type="text" value="Cahill"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="10 East Shore Boulevard"/> City <input type="text" value="Timberlake"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44095"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Ohio & vicinity Regional Council of Carpenters"/> Labor Organization File Number <input type="text" value="542-227"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="3615 Chester Avenue"/> City <input type="text" value="Cleveland"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44114"/>
5. Position in labor organization. <input type="text" value="Director of Organizing"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text" value="See attached"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name: __Michael Cahill
 File No.: U-_____

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<u>#</u>	<u>Date of Event</u>	<u>Category</u>	<u>Description of Event</u>	<u>Name & Address of Employer</u>	<u>Nature of Relationship to the Employer</u>	<u>Estimated Dollar Value</u>	<u>Comment</u>
1.	4/27/04 – 5/2/04	B	Trustee Education Seminar	Carpenters Hospitalization Plan 3611 Chester Avenue Cleveland, Ohio 44114	Trustee	\$2,472	ERISA Education Seminar. Air, hotel and expenses.
2.	6/28/04	B	Seminar/Golf	Ulmer & Berne LLP 1300 East 9 th Street, Suite 900 Cleveland, Ohio 44114	Attorneys for the Ohio & Vicinity Regional Council of Carpenters	\$200	Value is an estimate
3.	8/19/04	B	Committee Business Dinner	I.N.S.T.A.L.L. 101 Constitution Avenue Washington D.C., 10001	Trustee	\$80	Labor management committee dinner. Value is an estimate.
4.	9/10/04	B	Apprentice Graduation Banquet	N.E. Ohio Carpenters Training Center 4100 Maple Drive Richfield, Ohio 44286	Trustee	\$50	Spouse/Trustee Dinner. Value is an estimate.
5.	9/19/04	B	Business Dinner	Novara Tesija McCourt 2006 Town Center Southfield Michigan 48075	Legal Firm, Michigan State Council	\$40	Value is an estimate.
6.	11/29/04	B	Trustee Education Seminar	Carpenters Hospitalization Plan 3611 Chester Avenue Cleveland, Ohio 44114	Trustee	\$1,487	International Benefits Conference. Air expense.

Name: __Michael Cahill
File No.: U-_____

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7.	12/20/04	A	Christmas Gift Basket	Acme Arsena 1333 Highland Road Macedonia, Ohio 44056	Union Contractor	\$75	Value is an estimate.
8.	12/20/04	B	Holiday Food Basket	Ulmer & Berne LLP 1300 East 9 th Street, Suite 900 Cleveland, Ohio 44114	Attorneys for the Ohio & Vicinity Regional Council of Carpenters	\$75	Value is an estimate



August 9, 2005

Mr. Mike Cahill
Cleveland and Vicinity Carpenters Hospitalization Fund
3611 Chester Avenue
Cleveland, OH 44114

Dear Mike:

As you know the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), requires certain Union trustees and employees to report expenditures made to them or on their behalf (the LM-30 report). Employers who are service providers to a Union will also have to file a report (the LM-10). In order to assist you in your reporting obligations, attached is Medical Mutual's draft LM 10 employer report for the calendar year 2004. This report lists expenditures made to or on behalf of union officers or employees.

If you have any questions or need additional information, please contact me at (216) 687-7719.

Sincerely,

Mary Novak
Vice-President
Labor & National Accounts

Enclosure

LABOR/NATIONAL ACCOUNTS ENTERTAINMENT
JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

EVENT DATE	EVENT NAME	TICKET LOCATION	EVENT ATTENDEES COMPANY NAME - GUEST NAME	# OF TICKETS	PRICE PER TICKET	SUITE FOOD/BEV.	TOTAL VALUE	COMMENTS
11/15/04	Cleveland Cavaliers	Gund Suite	Cleveland Carpenters - Mike Cahill	1	\$95.00	\$28.45	\$123.45	